

2063

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. <u>109</u>	
1. PLACE OF DEATH				COUNTY <u>Graham</u>		STATE <u>ARIZONA</u>	
TOWNSHIP <u>Safford</u>				OR VILLAGE <u>Craig</u>		REGISTERED NO. <u>70</u>	
CITY <u>Safford</u>				NO. <u>Morris Deuel Hospital</u>		WARD <u>121</u>	
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED				YRS. <u>6</u> MOS. <u>18</u> DS. <u>27</u>		HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. <u>6</u> MOS. <u>18</u> DS. <u>27</u>	
2. FULL NAME <u>Sven Elise Jarvis</u>				(A) RESIDENCE: NO. <u>Pineau</u> ST. <u>Craig</u>		(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WID. OWED, OR DIVORCED, (WRITE THE WORD) <u>Single</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 15-1924</u>							
7. AGE		YEARS <u>8</u>		MONTHS <u>4</u>		DAYS <u>5</u>	
				IF LESS THAN 1 DAY, HRS. <u>5</u> OR MIN. <u>5</u>			
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>None</u>							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>None</u>							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____							
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____							
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Silas Concho, Ariz</u>							
13. NAME <u>Silas Jarvis</u>							
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Egar, Ariz</u>							
15. MAIDEN NAME <u>Ruth Webster</u>							
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Melcote, Ariz</u>							
17. INFORMANT (ADDRESS) <u>Silas Jarvis</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Central Ariz</u> DATE <u>June 27, 1937</u>							
19. EMBALMER (ADDRESS) <u>Safford, Ariz</u> LICENSE NO. <u>116</u> SIGNATURE <u>M. E. Rawson</u> FUNERAL DIRECTOR (ADDRESS) <u>Safford, Ariz</u>							
20. FILED <u>July 9, 1937</u> REGISTRAR (ADDRESS) <u>Safford, Ariz</u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 20, 1937</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>6-18</u> , 19 <u>37</u> , TO <u>6-20</u> , 19 <u>37</u> I LAST SAW HIM ALIVE ON <u>6-20</u> , 19 <u>37</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>5-30 P.M.</u>							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Pneumonia</u>							
DATE OF ONSET _____							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Gastritis</u> <u>Appendicitis</u> <u>Pneumonia</u>							
NAME OF OPERATION <u>6-18-37</u> DATE OF _____							
WHAT TEST <u>Appendicitis</u> CONFIRMED DIAGNOSIS <u>Appendicitis</u> WAS THERE AN AUTOPSY? _____							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19 <u>37</u> WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____							
MANNER OF INJURY _____							
NATURE OF INJURY _____							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____ IF SO, SPECIFY <u>M. E. Rawson</u> (SIGNED) <u>Safford, Ariz</u> (ADDRESS)							

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION